

Missouri Department of Revenue
Motor Vehicle Registration and Tax Clearance
Authorization and Release

I, (name) _____, do hereby authorize the Missouri Department of Revenue (DOR) to perform a check or checks of my Missouri tax records including, but not limited to, income tax, sales tax, use tax or withholding tax, pertaining to me personally (and my spouse, if married and filing combined return(s)) and to any corporations, partnerships or companies of which I am an owner or may be a responsible person, for the collection and payment of taxes, under the laws of the state of Missouri, for at least the past five years; to perform a check or checks of my background and criminal history; and, upon completion of such checks, to disclose the findings thereof to my employer (or prospective employer),

(Name) _____, a contract agent, appointed pursuant to Section 136.055, RSMo. and/or the contract agent's representative,

(Name) _____. I further authorize the DOR to disclose such findings to the above contract agent or representative by means of telephone, facsimile, U.S. mail, electronic mail or such other means as may be reasonably prudent under the circumstances.

I hereby authorize the Missouri Highway Patrol to furnish the DOR with any and all information requested about my criminal history or background. Such information shall include any record of conviction, plea of guilty or *nolo contendere* or finding of guilt for a felony or misdemeanor.

I do hereby release and forever discharge, the DOR and the officers, agents and employees thereof, from any and all liability including, but not limited to, Section 32.057, RSMo, arising out of or in any manner relating to the performance of the above referenced checks and disclosure of any findings made with regard thereto.

The authorization reflected by this document shall remain in full force and effect during the term of my application/employment with the contract agent and until such time as actual notice of termination of such authorization is delivered in writing to the DOR. A copy of this Authorization and Release shall have the same effect as the original.

Executed this _____ day of _____, 20_____.

Signature

Printed Name

Social Security Number

Date of Birth

Street Address

City, County, State, Zip

Name of Contract Agent Office

Employment Date (if applicable)

Employment Status: Current Employee

Prospective Employee – (Please Circle)

Please list below all current motor vehicles that are registered in your name:

VIN or Title #

